

Supplemental Information

Date: _____ (mm/dd/yyyy)

Completed By: _____

Grant Number _____

Project Title: _____

Lead Study Coordinator Name (Last, First, MI): _____

Lead Study Coordinator Contact Information:

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone: _____ Fax: _____

Enrollment "As of" Date: _____ (mm/dd/yyyy)

Date of First Subject Accrual: _____ (mm/dd/yyyy) Actual _____ Projected* _____

Date of Last Subject Accrual: _____ (mm/dd/yyyy) Actual _____ Projected* _____

Date of End of Follow-Up: _____ (mm/dd/yyyy) Actual _____ Projected* _____

Number of DOMESTIC Sites: _____

Number of FOREIGN* Sites: _____

For **FOREIGN sites please specify Country Name and # of sites for each country:*

IF DESIGNATED AS PHASE III CLINICAL TRIAL, PLEASE ANSWER THE FOLLOWING:

Has a primary publication from this study been published in a peer review journal?

If yes, please specify below.

If no current publication: Please provide projected month and year by which a publication is expected.

Journal Title: _____

Year: _____ Month: _____

Volume: _____ Issue: _____

Page numbers: _____

*Please specify whether date provided is "Actual" or "Projected"